

Case Number:	CM14-0036333		
Date Assigned:	06/25/2014	Date of Injury:	07/02/2010
Decision Date:	07/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/25/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old female who has reported to sustain work-related injuries on 07/02/10. The mechanism of injury is not documented. Records indicate that the injured worker is status post anterior and posterior fusion L4-L5 performed on 06/27/13. In the post-operative period, the injured worker has been maintained on the medications Nucynta, Celebrex, Norco and Lidoderm patches. Early post-operative clinical records dated 07/11/13 indicate that the injured worker has nausea with opioid use. Subsequent clinical notes do not report any continued nausea or vomiting associated with her medication use. Records contain a utilization review determination dated 02/27/14. This review deems the request as not medically necessary for Zofran 8mg ODT #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Zofran 8MG ODT #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain; Antiemetics.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Antiemetics (for opioid nausea).

Decision rationale: The submitted clinical records indicate that the injured worker is greater than 1 year status post anterior and posterior fusion at the L4-L5 level. She is chronically been maintained on the medications Nucynta, Celebrex, Norco and Lidoderm patches. In the initial post operative period, there were reports of nausea associated with opioid use. However, the most recent clinical notes do not report any nausea associated with medications. It would be noted that Zofran is Food and Drug Administration (FDA) approved for nausea and vomiting secondary to chemotherapy and radiation treatment. It is also been FDA approved for post-operative use. As the injured worker's greater than 1 year post-dated surgery and noting that evidence based guidelines do not recommend anti-medic for nausea and vomiting secondary to chronic opioid use, the request for Zofran 8MG ODT #30 is not supported as medically necessary.